

9063

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022001

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5117

STATE FILE NUMBER

FILED MAY 17 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

53 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Anthony Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3309 Chippewa St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

OTTO

Middle

PAUL

Last

MUEHLAU

4. DATE OF DEATH

Month

May

Day

8,

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/5/83

## 9. AGE (last birthday)

79 yrs.

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Bottler

## 10b. KIND OF BUSINESS OR INDUSTRY

Brewery

## 11. BIRTHPLACE (City and state or country)

Oschatz, Germany

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Paul Muehlau

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Christine Jensen Muehlau

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Christine Muehlau, 3309 Chippewa St.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

## INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma of Rectum

2 years.

## DUE TO (c)

154X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

8-8-62

to 5-8-63

and last saw him alive on 5-8-63

Death occurred at

11:25 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Albert J. Grande M.D.

## 22b. ADDRESS

3606 Gravois

## 22c. DATE SIGNED

5-10-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

May 11, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F. H. Inc., 1936 St. Louis

## 25. DATE RECD. BY LOCAL REG.

MAY 13 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

VS 300  
Rev. 4/59

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73

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J. H. Higgins  
3606 Barrow

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.